VILLAGE OF CANAL WINCHESTER

36 SOUTH HIGH STREET
CANAL WINCHESTER, OHIO 43110

PLANNING AND ZONING DEPARTMENT PH 614.837.7501 FAX 614.837.0145

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

Rev 4/16/200

Property Owner's Name	Address		Daytime Phon	e
Applicant's Name (if applicable)	Address		Daytime Phon	<u>е</u>
Address of Subject Property	22			
Proposed Use (use separate st	neet if necessary)			
Attach current (within 2 year existing and proposed struct additional information to detail and action to detail action to de	tures. The Planni termine compliance nation provided	ng & Zon <mark>ing Adminis</mark> e with the <mark>zoning coo</mark>	strator may red le. ation is corre	quire
Property Owner's S	ignature	TIII T	Date	+
	DO NOT WRITE BELO	DW THIS LINE		
ite Received://	Fee: \$ Paid	Historic District Preservation A		
ıcking No.: ZC	_	Application	_ No	
ate of Action://	_	Approved:	_ Yes	
oiration Date://	_		_ Yes, with con	ditions